

PEST CONTROL BUSINESS LICENSE (GROUND) APPLICATION FOR 20_____

RETURN THIS APPLICATION TO: 2300 MCLEOD ST, LAS VEGAS, NV 89104-4314. PHONE 702-486-4690. FAX 702-486-4695

Applicant: A. Individual_____

B. Partnership: 1. _____ 2. _____
3. _____ 4. _____

C. Corporation:_____

Doing Business As:_____

Business Address:_____

Mailing Address:_____

Out of State Mailing:_____

Federal Identification Number:_____

Phone: (____) _____ Fax: (____) _____ E-Mail: _____

LICENSE CATEGORIES

<u>B. Ag. Ground</u>	<u>Applied For</u>	<u>Approved</u>	<u>C. Urban/Structural</u>	<u>Applied For</u>	<u>Approved</u>
1. Insecticides..	_____	_____	1. Ornamental and Turf.....	_____	_____
2. Herbicides....	_____	_____	2. Industrial & Institutional.	_____	_____
3. Dessicants & Defoliants....	_____	_____	3. Structural.....	_____	_____
			4. Fumigation.....	_____	_____
4. Fungicides & Bactericides..	_____	_____	5. Aquatic.....	_____	_____
			6. Right-of-Way.....	_____	_____
5. Rodenticides..	_____	_____	7. Preservation of Wood.....	_____	_____

FEES

Business License Fee1 x \$250.00 = \$ **250.00**
EACH Principal and Operator..... x \$ 50.00 = \$ _____
EACH Agent x \$350.00 = \$ _____
(Number)

Total Fees = \$ _____

Number of Business Locations_____ (indicate total number of business locations in Nevada)

Address of Business Location #1_____ Phone(____) _____

List Name(s) of **Principal(s)** responsible for Business Location #1

1. _____ 2. _____
3. _____ 4. _____

Address of Business Location #2_____ Phone (____) _____

List Name(s) of **Principal(s)** responsible for Business Location #2

1. _____ 2. _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Primary Principal and Principal Information

☐ Primary Principal ☐ Principal

NAME: _____

Home Address: _____

P.O. Box: _____

City/State/Zip: _____

Home Phone: (_____) _____

Are you a Nevada Resident? ___Yes___No

Driver's License Number & State

AGRICULTURAL GROUND: B1 B2 B3 B4 B5
☐ ☐ ☐ ☐ ☐

URBAN STRUCTURAL: C1 C2 C3 C4 C5 C6 C7
☐ ☐ ☐ ☐ ☐ ☐ ☐

Applicant Signature: _____ Social Security # _____ - _____ - _____ Date: _____

OPERATOR INFORMATION

NAME: _____

Home Address: _____

P.O. Box: _____

City/State/Zip: _____

Home Phone: (_____) _____

AGRICULTURAL GROUND: B1 B2 B3 B4 B5
☐ ☐ ☐ ☐ ☐

URBAN STRUCTURAL: C1 C2 C3 C4 C5 C6 C7
☐ ☐ ☐ ☐ ☐ ☐ ☐

Applicant Signature: _____ Social Security # _____ - _____ - _____ Date: _____

AGENT INFORMATION

NAME: _____

Home Address: _____

P.O. Box: _____

City/State/Zip: _____

Home Phone: (_____) _____

AGRICULTURAL GROUND: B1 B2 B3 B4 B5
☐ ☐ ☐ ☐ ☐

URBAN STRUCTURAL: C1 C2 C3 C4 C5 C6 C7
☐ ☐ ☐ ☐ ☐ ☐ ☐

Applicant Signature: _____ Social Security # _____ - _____ - _____ Date: _____

A=Agent O=Operator P=Principal PP=Primary Principal

Category restrictions: d=insects only g=no shade & fruit trees h=restricted to shade/fruit trees i=restricted to rodent burrows j=restricted to agric fumigation
k=no weeds l=restricted to weed control m=inspections only n=restricted to sewer root control

For Departmental Use Only

Insurance Checked By: _____ Date: _____ License Approved By: _____ Date: _____

Licence Issued By: _____ Date: _____ Receipt No. _____

License Status _____ New _____ Renewal Permanent License Number: _____ Departmental Number _____

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